

Town of Jamestown Department of Parks & Recreation

41 Conanicus Avenue P.O. Box 377 Jamestown, RI 02835

Phone: (401) 423-7260

Applicant's Name (Last)	First	Middle Initia	Email Add	ress
Mailing Address (Number)	Street		Work Tele	phone Number
			()	
City	State Zip Code		Home Telephone Number	
			()	
EDUCATION				
Name of School	Location of Scho	ol Degree/Cou	ourse of Study Date Completed	
EMPLOYMENT HIST	T ORY – Begin with	h your most recent job. Li	st each job sepa	arately.
Job Title:	Dates Worked:			
Job Title:	Dates Work	ed:		
Job Title:		ed: To	Pay \$	Per
Job Title: Name of Employer:				Per
Name of Employer: Address:		Name of Superv	isor:	
Name of Employer: Address: City:	From_	ToName of Superv	isor:	PerPer
Name of Employer: Address:	From_	Name of Superv	isor:	

EMPLOYMENT HISTORY – Continued:							
Job Title:	Dates Worked:						
	From	_To	Pay \$Per				
Name of Employer:	oloyer:		Name of Supervisor:				
Address: City:		State	Zip Code:				
Telephone Number:	State: Zip Code: Reason for Leaving:						
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Duties Performed:							
Job Title:	Dates Worked:						
	From	_To	Pay \$Per				
Name of Employer:	Name of Supervisor:						
Address: City:		State:	Zip Code:				
Telephone Number:	Reason for Leaving:						
Duties Performed:							
1) Name:	ONAL REFERENCES: List the names of three reference: Telephone #		Relationship:				
1) Ivaine.	()		Relationship.				
Address: City:		State:	Zip Code:				
2) Name:	Telephone #		Relationship:				
Address: City:		State:	Zip Code:				
3) Name:	Telephone #	Sutt.	Relationship:				
	()						
Address: City:		State:	Zip Code:				